

City of Falls Church - Emergency Information Form
To be returned to the Falls Church Community Center upon registration.

Camper name: _____			
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Name of Camp: _____	Date of Birth: _____	Gender: _____	Grade as of September 2013: _____
Language Spoken at Home: _____	Camper resides with: <input type="checkbox"/> Father, <input type="checkbox"/> Mother, <input type="checkbox"/> Both, <input type="checkbox"/> Legal Guardian		
PRIMARY GUARDIAN (Last, Middle, First)		Primary phone: _____	
Address: _____		Secondary Phone: _____	
SECONDARY GUARDIAN (Last, Middle, First)		Primary phone: _____	
Address (leave blank if same as above): _____		Secondary Phone: _____	
LIST THREE LOCAL PERSONS WE SHOULD CONTACT IN AN EMERGENCY IF THE PARENT/GUARDIAN CANNOT BE REACHED:			
Name: _____	Name: _____	Name: _____	
Relationship: _____	Relationship: _____	Relationship: _____	
Phone: _____	Phone: _____	Phone: _____	
LIST ADDITIONAL INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:			
Name: _____	Name: _____	Name: _____	
Relationship: _____	Relationship: _____	Relationship: _____	
Phone: _____	Phone: _____	Phone: _____	
Name of Health Insurance Company: _____		Child's Physician: _____	
Policy/Group/Employee Number: _____	HMO Number (if applicable): _____	Physician's Telephone: _____	
MEDICAL INFORMATION: Please check any current health condition that may require attention during the camp day.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any allergies? If so, please specify below in special procedures/additional notes.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child require any special accommodations? If so, please specify in special procedures/additional notes.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Will your child need medication during camp? If so, please request medication authorization form			
List all medications and dosages your child receives on a continual basis: _____			
Special procedure/additional notes: _____			
The camp has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.			
PARENT/GUARDIAN SIGNATURE: _____		DATE: _____	

↓ SUMMER FUN CAMPERS ONLY ↓	
I hereby <input type="checkbox"/> DO <input type="checkbox"/> DO NOT (please check one) give permission for my child to participate in the Falls Church Recreation and Parks Summer Fun Playground program's swim trips to the Park Tower's pool located on Maple Avenue in Falls Church.	
Please circle child's swim ability level: Non-swimmer Some Experience Experienced	
I hereby <input type="checkbox"/> DO <input type="checkbox"/> DO NOT (please check one) permit my child to bike or walk to and from the Falls Church Recreation and Parks Summer Fun Playground program at Cherry Hill Park.	
PARENT/GUARDIAN SIGNATURE: _____	DATE: _____